

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

FILED

SEP 25 2000

PER
HARRISBURG, PA. DEPUTY CLERK

Robert Leon Buckner, #33001-037

1: CV-00-1594
Civil Case No.

Name of Plaintiff(s)

Hon. William W. Caldwell
Judge

v.

Dr. Anthony Bussanich, et al.

(Number and Judge to be
assigned by court)

Name of Defendant(s)

APPLICATION TO PROCEED IN FORMA PAUPERIS

PLEASE READ CAREFULLY AND FULLY COMPLETE EACH SECTION.

1. XXXXXXX I am willing to pursue my claims in this action under the provisions of the Prison Litigation Reform Act, understanding that pursuing my claims requires payment of a partial filing fee and deduction of sums from my prison account when funds exist until the filing fee of \$150.00 has been paid in full.
2. XXXXXXX I have enclosed an executed Authorization form which authorizes the Institution holding me in custody to transmit to the Clerk a certified copy of my trust account for the past six months as well as payments from the account in the amounts specified by 28 U.S.C. §1915(b).
3. Have you, prior to the filing of the complaint in this action and while a prisoner as that term is defined in 28 U.S.C. § 1915(h), brought 3 or more actions or appeals in a court of the United States that were dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted? Yes XXXXXX No _____
 - (a) If the answer is "yes," are you now seeking relief because you are under imminent danger of serious physical injury? Yes XXXXXX No _____

(b) If your answer to question 3(a) above is "yes," please explain in detail why you are under imminent danger of serious physical injury:

Plaintiff is not only "under imminent danger of serious physical injury," but has already experienced serious physical injury. Plaintiff suffers from a severe case of Meneire's Disease and eighth (8th) cranial nerve damage which causes sudden and uncontrolled episodes of vertigo, Tinitus, nausea, blindness as well as other symptoms that

~~HAVE~~ and will continue to cause serious illness, without proper medication.

4. (a) Are you presently employed at the Institution? Yes _____ No ~~XXXX~~

(b) If yes, what is your monthly compensation? \$ 0.00 NO

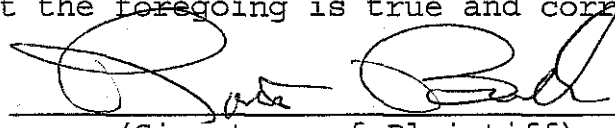
5. Do you own any cash or other property; have a bank account; or receive money from any source? Yes _____ No XXXX

If the answer is "yes" to any of the above, describe each source and the amount involved.

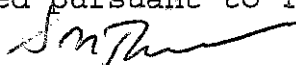
I certify under penalty of perjury that the foregoing is true and correct.

Executed on

9/20/2000
(Date)


(Signature of Plaintiff)

This certification is executed pursuant to Title 28, United States Code, Section 1746.


S.M. Thomas, Case Manager
Authorized by the Act of
July 7, 1955, as amended, to
administer oaths. (18 USC 4004)